

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

1. Place of Death: (a) County Graham City or Town Pima (c) Location 387 mi. in Arizona (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____
2. Usual Residence of Deceased: (a) State Ariz (b) County Graham (c) City or Town Pima (Rural)
(d) Street No. _____

State File No. 89
Registrar's No. 15

3. (a) FULL NAME Belva Foster Coleman (b) If Veteran _____ (c) Citizen of foreign country (yes or No) _____
4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Married (c) Social Security No. _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive. _____ yrs.

7. Birthdate of deceased Feb 25 1907
8. AGE: Years 37 Months 11 Days 29 hrs. _____ min. _____
9. Birthplace Pima Ariz (City, town or county) (State or Country)

10. Usual Occupation Home Teacher
11. Industry or Business _____
12. Name Harold Foster
13. Birthplace Pima Ariz (City, town or county) (State or Country)

14. Maiden Name Mallie B. Foster
15. Birthplace Pima Ariz (City, town or county) (State or Country)

16. (a) Informant's own signature [Signature]
(b) Address Pima Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Pima Ariz (c) Date Feb 26 1948

18. (a) Embalmer's Signature [Signature]
(b) Funeral Director W. C. Rawson
(c) Address Safford Ariz

19. (a) March 9 1948 (Date received local Registrar)
(b) [Signature] (Registrar's Signature)

20M 100% Rag 8-42 B. Co.

County File No. _____

Date Received _____

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb 24, 1948
TIME (Hour and minute) 4:00

21. I hereby certify that I attended the deceased from Aug 23, 1944 to Feb 24, 1948
that I last saw her alive on Feb 18 1948, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Left Breast with Metastases

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) _____
While at work? _____ (or Means of Injury) _____

23. Signature [Signature] Address Safford Date signed 3/2/48 M. D.

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically